Atty. Dkt. No. 041673/2045

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Tuszynski, et al.

Title:

MUTANT PRO-NEUROTROPHIN

WITH IMPROVED ACTIVITY

Appl. No.:

Unknown

Filing Date: February 16, 2001

Examiner:

Unknown

Art Unit:

Unknown

CERTIFICATE OF EXPRESS MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed Commissioner for Patents, Washington, D.C. 20231.

EL452690655US February 16, 2001

(Express Mail Label Number)

Germaine Sarda

(Printed Name)

## **UTILITY PATENT APPLICATION TRANSMITTAL**

Commissioner for Patents **Box PATENT APPLICATION** Washington, D.C. 20231

Sir:

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Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Mark Tuszynski

Armin Blesch

Applicant claims small entity status under 37 CFR 1.27

## Enclosed are:

- [ X ] Specification, Claim(s), and Abstract (18 pages).
- Request for application not to be published with certification under 35 USC [ ] 122(b)(2)(B)(i).
- [ X ] Application Data Sheet (37 CFR 1.76) (2 pages).



## The filing fee is calculated below:

	Claims		Included in	]	Extra			-	Fee
	as Filed	Basic Fee			Claims	Rate			Totals
Basic Fee .							\$710.00		\$710.00
Total Claims:	25	-	20	=	5	x	\$18.00	=	\$90.00
Independents:	8	- ]	3	=	5	x	\$80.00	=	\$400.00
If any Multiple Dependent Claim(s) present: + \$270.00								=	\$270.00
Surcharge under 37 CFR 1.16(e) for late filing of Executed + \$130.00								=	\$130.00
							SUBTOTAL:	=	\$1600.00
[ ]	Small	Enti	ty Fees A	Apply	/ (subtrac	t ½	of above):	=	\$800.00
TOTAL FILING FEE:								=	\$800.00

- [X] A check in the amount of \$800.00 to cover the filing fee is enclosed.
- [ ] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date

2-16-01

FOLEY & LARDNER 402 West Broadway, 23<sup>rd</sup> Floor San Diego, California 92101-3542

Telephone: Facsimile:

619/685-6432 619/234-6655 Stacy L. Taylor

Attorney for Applicant

Reg. No. 34,842